

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Application Number	10/529,996	
Filing Date	with an effective filing date of October 11, 2003	
First Named Inventor	Olaf LANGWALD	
Group Art Unit	3681	
Examiner Name	Richard M. LORENCE	Fax: (571) 273-8300
Total No. of Pages in this Submission: 14	Attorney Docket Number: ZAHFRI P731US	

RECEIVED

CENTRAL FAX CENTER

MAY 25 2007

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (In Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
---	---	---

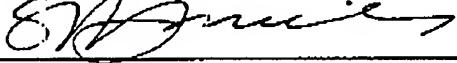
## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Scott A. Daniels DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 42,462 CUSTOMER NO. 020210
Signature		
Date	May 25, 2007	

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO on May 25, 2007.

Type or printed name	Scott A. Daniels
Signature	
Date: May 25, 2007 (tac)	

PATENT APPLICATION RECEIVED  
CENTRAL FAX CENTER

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAY 25 2007

In re Application of : Olaf LANGWALD  
Serial no. : 10/529,996  
Filed : with an effective filing date of October 11, 2003  
For : ACTUATING DEVICE FOR A CLUTCH  
Group Art Unit : 3681  
Examiner : Richard M. LORENCE  
Docket : ZAHFRI P731US

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

## RESPONSE

Dear Sir:

**[XXX] NO FEES ARE PAYABLE WITH RESPECT TO THIS RESPONSE.**

In response to the official action mailed February 28, 2007, please enter the following before reconsideration of this application.

**In the Specification:**

Please amend paragraphs 008 and 021 of the specification as follows in which the specification additions are shown by underlining and the specification deletions are shown by strikeout. Please enter the replacement specification paragraphs into the record of this case.

**In the Claims:**

Please amend claims 11 and 19, cancel claims 14 and 15, and add new claims 20-24 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the new and amended claims into the record of this case.